

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10 590 003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	P					
2		1					52	D					
3		2					53						
4		1					54						
5		1					55						
6		2					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61						
12		①					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
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25		①					75						
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42		①					92						
43		①					93						
44		①					94						
45		①					95						
46		①					96						
47		①					97						
48		①					98						
49		①					99						
50		①					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	1	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	53	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	54					